May 6, 2002
Meeting to Discuss Headquarters SWOT Analysis

Participants:

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Purpose of meeting: To add input from a headquarters point of view into the business-planning process by completing a SWOT Analysis listing strengths, weaknesses/problems, threats and opportunities/priorities.

Purpose of SWOT table: To show ideas presented at meeting; no consolidation of overlapping topics.

Strengths	Weaknesses/Problems	Threats	Opportunities
Well-defined mission, goals and strategies	Strategic vision at field level	Loss of economies of scale over the last 10 years	Funding; other health providers don't have
Dedicated staff	Insufficient funding (discretionary v. entitlement)	Tribal consultation	Support from Capitol Hill and tribes
Funded	Tribal consultation	Nationwide shortage of health professionals	Tribal consultation
Wide network; infrastructure	Diversity of need–size of tribes, health issues, multiple product lines	Competing priorities for Congress; dollars going for homeland defense	Nation's focus on public health
Constituency involvement	Coordination among hdqtrs components	Losing paying customers across the agency	Potential elevation of IHS Director to Ass't Sec
Tribal consultation	Can't expand customer base	Inadequate staffing across the agency	Expansion of market base
Well-defined customer base	Inability to move staff where most needed	Losing reimbursements across agency	Organization changes driven by OMB and HHS
Bi-partisan support	Lack business model (vision, strategy) for agency	Restructuring team recommend too few positions to perform hdqtrs functions	Collaboration with others
High credibility of agency and staff among peers	Recruitment and retention	Difficult to demonstrate accountability in some functions	Economies of scale
Cost (not profit) driven	Non-hdqtrs staff lack knowledge of staff functions at this level	Contracting out	HHS's interest in addressing health disparities
Entrepreneurial; innovative	Impact of 9/11	Definition of an eligible Indian	Changing demographics in health care
Decentralized organization	Funding for program & administrative overhead (i.e., travel, trng, inflation, utilities, lease costs, etc.)	Department consolidation	Underutilized hospitals
Dynamic organization; deal well with change	Limited response capability (demands of program, mtg coverage, etc.)	Increased cost of pharmaceuticals, etc.	Accountability easier to demonstrate in some cases
	Haven't implemented available	Organization changes driven by	Technology–more efficient, faster

	technology	OMB and HHS	response, etc.
	Lack of economic base	Collaboration with others	Economic development and partnership
	Unable to expand into related activities		Broad authorizing legislation inc. funding thru budget & perf linkage
	OMB appropriations controls		Showcase programs (e.g., rural health, international, etc.)
	Decentralized organization		Focus on infrastructure since 9/11
	Lack of system to motivate/reward high producing staff		Benchmarking being driven by OMB
	Lack of competence in many areas		Contracting out
	Overwhelmed with providing services		
	Lack of communication		
	Trouble making decisions		
	Insufficient redundancy in staffing hdqtrs functions (e.g., travel function)		
	System-wide redundancy issues in direct health care and related functions like coding		

Opportunities/Priorities
As Suggested By Representative Headquarters Staff
May 6, 2002

1. Focus as a nation on Public Health
- seek funding available for bio-terrorism efforts
- leverage enhanced public awareness of public health issues
- articulate public-health needs in today's receptive environment

2. Focus on accountability
- demonstrate improved performance and efficiency; increased funding follows positive results
- benchmark other healthcare delivery systems for best practices
- develop incentive systems to motivate and reward high-performing staff members and organizational work units and to retain and recruit staff

3. Changing healthcare delivery demographics
- use demographics to enhance services, build new partnerships, and develop new resources (e.g., growing elder care needs and large population of urban AI/ANs)
- look within to assure that resources are fully utilized (e.g., referrals from IHS to CHS providers; hospitals)
- develop Area-wide master plans to assure comprehensive delivery of healthcare as well as covering business functions

4. Changing organizational mandates from Congress, Administration (inc. OMB and HHS), and IHS
- strategically plan positive aspects of proposed elevation of IHS Director
- proactively seek info about and adopt best practices to achieve economies of scale
- build a response capability; assure adequate resources available through staffing and training/development commitments
- position all of IHS to respond more effectively to self-determination developments
- showcase organization excellence (e.g., rural health care delivery system and international consulting)
- capitalize on HHS's interest in addressing health disparities

5. Information technology advances
- continue to look for IT applications to support organizational initiatives
- automate back-office functions such as HR, acquisitions, and healthcare medical records processing
- explore ways to provide additional timely, credible, valid and reliable data systems & management reports for improved decisionmaking
- expand telemedicine capability

6. Support from Capitol Hill and Tribes
- probe additional innovative use of IHS's broad authorizing legislation
- garner ideas for and support of innovative proposals through tribal consultation
- promote collaboration (e.g., HHS, CMS, foundations, businesses, etc.)
- actively engage tribes in advocacy

7. Results-driven government
- expand strategic communication
- communicate the vision and strategy for accomplishing it
- demonstrate efficiency in decisionmaking
- aggressively expand to activities impacting healthcare delivery system